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US020623

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Daniel A Silber

Art Unit: 2833

Serial No.: 10/537,790

Examiner: James R Harvey

Filed : Jun

June 6, 2005

For

DOUBLE CONNECTOR FOR MEDICAL SENSOR

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Commissioner of Patents Washington, D.C. 20231

On April 12, 2006

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W. Brinton Yorks, Jr.

Name of applicant, assignee, or

Registered Representative

(Signature) Yelly

(Date of Signature)

Hon. Commissioner of Patents Washington, D.C. 20231

AMENDMENT

Dear Sir:

In response to the Office Action mailed January 19, 2006, please amend the above-captioned patent application as indicated below.

IN THE SPECIFICATION:

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PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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	Complete if Known							
Fees pursuant to the	Application Number 10/5		10/537,790	537,790				
FEE	Filing Date Jul		June 6, 20	une 6, 2005				
	First Named Inventor		Daniel A. Silber					
	Examiner Name		James R. Harvey					
Applicant clai	Art Unit		2833					
TOTAL AMOUNT OF PAYMENT (\$) 600.00				Attorney Docket No.		US020823		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 14-1270 Deposit Account Name: Philips Electronics N.A.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
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information and authorization on PTO-2038.								
FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
1. BASIC FILIN	G, SEARCH, A'	ND EXAMIN NG FEES	ATION FEES SEAI	RCH FEES	EXA	MINATION	FEES	
		Small Ent	<u>iitv</u>	Small En	tity _	Small !	<u>Entity</u>	Fees Paid (\$)
Application T					20			
Utility	300		500	250	13			
Design	200		100	50	16	-		
Plant	200		300	150		-		
Reissue	300		500	250	60		-	·
Provisional	200	100	0	0		0 (ο ,	Small Entity
2. EXCESS CLAIM FEES Fee Description Fee (\$)								
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							200 360	100 180
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$)								pondent Claims
-2	0 or HP =	x				<u> </u>	ee (\$)	Fee Paid (\$)
HP = highest number of total dalms paid for, if greater than 20.								
<u>Indep, Claims</u>								
HP = highest number of independent dalms paid for, if greater than 3.								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee duc is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee (5) Fee (5) Fee (5) Fee (6) Fee (6) Fee (6) Fee (7) Fee								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
SUBMITTED BY								
Signature	WBit	11.1.1		Registration (Attorney/Ag	n No. ent) 28,923		Telephon	ne 425-487-7152
Name (Print/Type)		Jr.O t		,	7		Date 4	12/06

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